STATE OF CALIFORNIA -	OFFICE OF ENVI	DONMENTAL:	HEALTH HAZARD	ASSESSMENT
STATE OF CALIFORNIA -	OFFICE OF ERVI	COMMENTAL	HEVELLI HVEVIVO	AGGEGGINEIVI

TRAVEL EXPENSE CLAIM

STD 262A	(REV. 5/09)											Page 1	of 1	Pages		
CLAIMANT'S NAME							SSN OR EMPLOYEE NUMBER				DEPARTMENT					
Joan E. Denton, Ph.D. POSITION CB/ID N						BER	DIVISION OR BUREAU IN							OEHHA INDEX NUMBER 1000		
Director	N/R		Execu	tive Offic	ce				INDEX NO	MIDER TOO						
RESIDENCE ADDRESS									ADDRESS			···	TELEPHON		,	
	ork Addr	ess)					1001 I	Street	·				(916) 322			
CITY STATE ZIP CODE							CITY					STATE ZIP CODE				
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	ITH/YEAR ay 09		OCATION		<del></del>	MEALS	O.T,L/T,	(6)	(A)	(B)	(C)	PORTATION	(D)	(8)	(9)	
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DATE	TIME	<del></del>		-	FAST	LUNCH	DINNER	· <u> </u>	TRANS.	USED	PARKING	MILES	AMT		FOR DAY	
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(11) PH	CLAIM TO		KS AND DETAILS	S (Attach red	ceints/vouch	ners when	required	····				•	\$		14.00	
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(12) 21002	AL WORK H	201101	•		1 1	- 38 * 95 * 3	1887.4		12				1	•		
0800 - 17		on one					1434	AGEN	CY ACCO	UNTING (	OFFICE U	SE ONLY				
		E LICENSE NO.				artina e e referencia de escala a r	er alle kommen er Seen oogs	anadia in incina alamata in anciona di		CONTRACT MARKET STATE AND ADDRESS.	an distantant na en esta esta esta esta esta esta esta esta		Sale Street to the second or	i <sub>.</sub>		
(14) MILE	GE RATE C	LAIMED	<del> </del>													
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PA	ID BY REVO	DLYING FUND CI	HECK NUMBER					٠.			•			· · · ·		
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(15)	and if milea	ge rates exceed the	bove is a true stateme minimum rate. I certif	y that the cost	of operating the	vehicle was	s equal to or	with DPA ru greater than	tes in the serv the rate claim	ice of the Sta ed, and that I	te of Californi have met the	a. If å private requirement	ely owned vehicl s as prescribed l	e was used, by		
CI AINAAN"	SAM Section 'S SIGNATUR		2, 0753 and 0754 perta	ining to vehicle	DATE	t belt usage		JATTIRE OF C	OFFICER APPR	SOVING TO A	VFI. AND DAY	YMENT	-	DATE	<del></del>	
CLAIMANT	3 SIGNATUR	ىد	•		DATE		(10) 3101	ORE UP C	ATTOEK APPR	WYING IRA	TEL AND PA	. (************************************		DAIR		
(15) 65==	(A) maznimi-	E ALERIANIS (S.	N DIONIATION .	TITLE /C I	m 17									DATE		
(17) SPEC	IAL EXPENS	E AUTHURIZATIC	ON - SIGNATURE and	TITE (See He	iii 17 on reverse	-/								DATE		
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